WASHINGTON MUTUAL PO BOX 2430 CHATSWORTH CA 91313-2430

Post Office will not deliver mail without proper

W W

Washington Mutual

We know that your privacy is important to you. Your privacy is important to Washington Mutual, too. That's why we take care regarding your personal information.

At times, we share customer information (such as name and address) to allow marketing. We share with our Washington Mutual family of affiliates and third party business associates (companies and divisions that provide mortgage, insurance and investment products and services) whom we trust.

If you wish to continue to receive information about the products and services that our affiliates and third parties have to offer, then you do not need to respond to this notice.

To find out what your privacy choices are, or to change your privacy choices, call us toll free at 1-800-533-3534. Your choices will remain in place until you instruct us to change them. If you have previously opted-out, you will not need to do so again (unless you are establishing a new customer relationship with us).

We are required to provide this notice to you annually per the California Financial Information Privacy Act. We will also send you an additional notice each year that tells you about your privacy rights under federal law.

IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

This privacy notice applies to the following Washington Mutual companies and divisions: Washington Mutual Bank; Washington Mutual Bank fsb; WMFS Insurance Services, Inc.; Home Crest Insurance Services, Inc.; WM Specialty Mortgage LLC; California Reconveyance Company; WaMu Investments, Inc.; WaMu Insurance Services, Inc.; WaMu 1031 Exchange.

YOUR RIGHTS

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

TIME SENSITIVE REPLY

You may make your privacy choice(s) at any time. Your choice(s) will remain unless you state otherwise.

To exercise your choice(s), do **one** of the following:

If you have notified us before, your instructions are already in place. Call toll free 1-800-533-3534 if you wish to confirm your previous choices.

Call toll free: 1-800-533-3534

or

you may fax the completed form to 1-866-442-9964 (toll free fax)

or

you may fill out, sign and send back this form to us in the attached envelope. Detach at the dotted lines and fold in half. Place a stamp on the outside where indicated and mail. (You may want to make a copy for your records).

YOUR CHOICES: Call toll free 1-800-533-3534.		-
Restrict Information Sharing With Companies We "No," we may share personal and financial information of		
O NO, please do not share personal and financial in	formation with your a	ffiliated companies.
Restrict Information Sharing With Other Compan Products And Services: Unless you say "No," we moyou with outside companies we contract with to provide	y share personal and f	inancial information about
O NO, please do not share personal and financial in	formation with outside	companies you contract with
to provide financial products and services.		
Name:	ACCOUNT NUMBER	
First, MI, Last		
Phone Number:		
Street Address:		
City:	State:	Zip:
Mailing Address (If different than street address):		
City:	State:	Zip:
Signature	Date	

